

The Honorable Chris Chocola
U.S. House of Representatives
100 East Wayne Street, Suite 330
South Bend, Indiana 46601
Telephone: (574) 251-0596



PRIVACY AUTHORIZATION FORM

Authorization in Accordance with the 1974 Privacy Act

Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Email address _____

Daytime phone _____ Evening phone _____

Social Security Number ____ - ____ - ____ Claim or serial number _____

Are you represented by an attorney? If so, please write their name & city here

Please describe briefly the precise nature of your problem, and what you would like Congressman Chocola to do to help you. Please include copies of a relevant information and keep your originals.

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express permission of the person involved. Disclosure of personal records to a Member of Congress who is acting on behalf of the constituent is prohibited, Unless the individual to whom the record pertains has consented.

I, the Undersigned, hereby authorize the Office of U.S. Representative Chris Chocola to receive information in my file pertinent to his inquiry on my behalf.

Signature _____

Date _____

Please return to the South
Bend Office at:
Congressman Chris Chocola
100 E. Wayne Street, Suite 330
South Bend, IN 46601
574-251-0596